

EXHIBIT S

Conclusion: Although most secondary cases are of diffuse large B-cell type, we present a unique case of secondary lymphoplasmocytic lymphoma of the female genital tract.

PS-24-004

Retained fetal bones in utero

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Objective: Prolonged intrauterine of part of the fetal skeleton in not adequately reported in the literature. Prolonged retention of intrauterine bone is a recognized cause of secondary infertility. Others common symptoms include menometrorraghia, menorrhagia and pelvic pain. The diagnosis is suspected at ultrasound and confirmed on hysteroscopy and histologic examination.

Method: We report a case of prolonged intrauterine retention of fetal bone at a 48 year old woman, G5P4A1. The woman presented with complaints of secondary infertility, chronic pelvic pain and menometrorraghia. She gave a history of missed abortion after a pregnancy of 4 months, 11 years ago.

Results: The surgical specimen of hysterectomy measured (8.5×6×4.5) cm, showed a uterine cavity filled by bony fragments long and flat with various diameter and longs, sometimes drowned in the thickness of endometrium. The histological examination of the taking away carried out on these fragments showed a bone tissue structured with true medullary spaces comprising a haematopoietic marrow.

Conclusion: If such patients present later with secondary infertility a high index of suspicion must be maintained regarding the possibility of retained fetal bones being the cause.

PS-24-005

Squamous carcinoma coexistent with teratoma of ovary:

a clinicopathological study of 12 cases diagnosed over 10-year period at a Tertiary Cancer Referral Centre

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Objective: To present clinicopathological features of ovarian teratomas with coexistent squamous cell carcinoma (SCC), in view of their rarity.

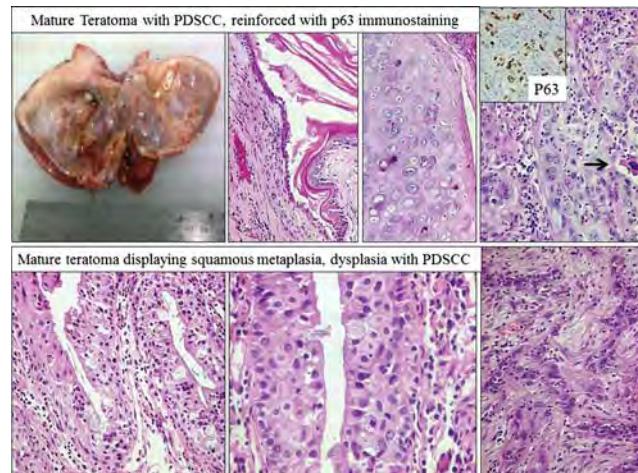
Method: Over 10-year-period, 12 such cases were analyzed after critical review.

Results: Age-range was 31–68 years (median, 49). Tumor size ($n=9$) varied from 10 to 18 cm (mean, 12.4). Stage-wise ($n=10$), most cases (7, 70 %) were stage I. Microscopically, all 12 tumors revealed mature teratoma with SCC, mostly as a discrete tumor (10) (83.3 %). Tumor origin from teromatous epithelium was noted in 6 (50 %) cases. SCC was most commonly moderately differentiated ($n=8$). P63 and CK5/6 immunostaining reinforced diagnosis of a single PDSCC, each, respectively. All patients underwent surgery. Two cases revealed metastatic lymph nodes and contiguous colonic involvement. Three patients (stage II and III) underwent adjuvant chemotherapy (CT). Outcomes (7 patients) (3–58 months), included 5 patients free-of-disease (all stage I) and 2 alive-with-disease (stage I and stage III).

Conclusion: SCC and coexistent ovarian teratomas that are invariably mature-type, are rare. Most cases present at an early stage, commonly in perimenopausal women, wherein such tumors should be optimally sampled. P63 is useful in differentiating PDSCC from germ cell tumor components. Surgery forms the treatment-mainstay. Adjuvant CT

may be offered in high-stage that forms as an adverse prognostic parameter.

Two study cases of mature teratoma co-existent with poorly differentiated squamous cell carcinoma:



PS-24-006

Explanted surgical meshes: what pathologists and industry failed to do for 50 years

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Objective: Surgical meshes have been in use for over 50 years. There are complications developing after healing, where the rate increased sharply after the mesh introduction for transvaginal procedures. Estimated millions of devices have been excised over the years, however the study material remained largely ignored and the mechanisms of complications are still poorly understood. A predominant proportion of excision specimens is given a gross examination only. When performed, microscopy is limited to either soft tissue or a quick description of foreign body. There have not been a sufficient effort from the industry either.

Method: 130 meshes excised from different anatomical sites were studied in a search for features explaining the complications.

Results: The specimens showed a spectrum of previously unreported findings. The meshes introduce thousands of mini-compartments inhabited by tissue where the nerves and vessels are in vulnerable positions. The meshes were seen deformed and migrated into the urethral or bladder wall, ganglia, internal organs or transmigrated through the mucosa.

Conclusion: General lack of interest created a paradoxical gap of knowledge in the presence of abundant study material and readily available tools. The newly described findings need to be studied in correlation with clinical symptoms to guide future developments.

Nerves and detrusor muscle affected by mesh:

